

Registration Form

Public Meeting on the Safety of Dietary Supplements Containing Ephedrine Alkaloids
August 8 – 9, 2000

Instructions: To register, complete this form and FAX it to (301) 587-1686,
Attention: Darlene Gregory, by August 1, 2000.
Registration form is also available via Internet: www.4woman.gov/owh/public

Name: _____

Title: _____

Company/Affiliation: _____

Address: _____

Telephone: _____ FAX: _____

E-Mail: _____

Please indicate (X) the type of organization that you represent:

<input type="checkbox"/> Industry	<input type="checkbox"/> Research
<input type="checkbox"/> Consumer	<input type="checkbox"/> Government
<input type="checkbox"/> Medical/Healthcare	<input type="checkbox"/> Legal
<input type="checkbox"/> Other, please specify _____	

Do you need special accommodation due to a disability? If so, please describe.

Do you wish to make an oral presentation? ☐ Yes ☐ No

If yes, you must also submit the following:

1. An abstract* or a brief statement of the view you wish to present, responsive to the focused questions identified for this meeting;
2. The names and addresses of all persons who will participate in the presentation;
3. An indication of the approximate time that you request to make your presentation; and
4. An indication of the audiovisual equipment needed for your presentation.

*Abstracts must be received by close of business August 1, 2000. Incomplete abstracts and those nonresponsive to any of the questions will be rejected. If you wish to submit an abstract, you must use the following structured format and include the following required information:

1. Brief title
2. Names, credentials, affiliations, and locations of all authors (standard abbreviations are acceptable)
3. Identification of source(s) of support for the research and presentation; and
4. The Objective, Design, Results, and Conclusion of the research or presentation

ABSTRACT SUBMISSION FORM

USPHS Public Meeting: Safety of Dietary Supplements Containing Ephedrine Alkaloids
August 8-9, 2000
Washington, D.C.

(Please print or type)

Name of Presenting Author: _____

Signature: _____

Institution: _____

Department: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____

FAX: _____

E-Mail: _____

Is a special accommodation needed? _____ Describe:

Audiovisual requirements: _____ slides _____ overhead _____ PowerPoint (version _____)
_____ Other--Describe:

Abstract forms must be received by close of business August 1, 2000.

Abstracts must be submitted by FAX to:

Ms. Darlene Gregory
Conference Manager
The MayaTech Corporation
8737 Colesville Road, 7th Floor
Silver Spring, MD 20910-3921, via fax at (301) 587-1686

ABSTRACT SUBMISSION FORM

Abstract must fit completely in the box below.

Has this research been peer reviewed? ☐ Yes ☐ No

Signature _____ Date _____